

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **PS 174**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -4 AM 11:19

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000018193**

1. Corporation Name

Quality Fashions Inc.

2. Principal Office Address

734 N. Macomb St.

Suite, Apt. #, etc.

City & State

Tallahassee Fla.

Zip

32303

Country

Leon

3. Mailing Office Address

734 N. Macomb St.

Suite, Apt. #, etc.

City & State

Tallahassee Fla.

Zip

32303

Country

Leon

800037792898
06/09/04--01019--032 **300.00

REINSTATEMENT

02-24

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/01

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dawn Collins

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

734 N. Macomb St.

City

Tallahassee Fla.

State

FL

Zip Code

32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dawn Collins

REGISTERED AGENT MUST SIGN

Date **6-3-04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Dawn Collins	1757 N. Orange Dr. Apt. 206	Los Angeles CA. 90028
Vice P.	Nicole Collins	726 N. Macomb St.	Tallahassee, FL 32303
V.P. Marketing of Marketing	Derrick Vickers	734 N. Macomb St.	Tallahassee, FL 32303

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dawn Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-3-04 323-683-5818

Date

Daytime Phone #


5818

CT2E081 (01/04)

11 2 86
To whom it may concern,

My name is Duvon Collins and I have a corporation set up in Florida called Quality Fashions Inc., which at the moment is not active. ~~I have been out town for the past two and half years~~ and was not able to receive the renewal or ~~reinstatement letter~~. So I ask of you due to the circumstances () accept this letter of apology and allow me to pay the normal renewal fee of 450. I do promise to make sure that if this payment is accepted I will not let my company to be placed in this position again. I truly thank you for taking the time to read this letter.

Thanks kindly,


Duvon Collins (President/CEO)
Quality Fashions Inc.